

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5862

BIRTH NO. 49-209345		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place) hr. 37m		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackwell			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital				d. STREET ADDRESS (If rural, give location) Gen. Delivery			
3. NAME OF DECEASED (Type or Print) a. (First) Cynthia		b. (Middle) Ann		c. (Last) Boesel		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Feb. 22, 1949	
9. AGE (In years last birthday) 1		10. MONTHS 1		11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Earl Boesel		13b. MOTHER'S MAIDEN NAME Marcella Aly		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marcella Boesel Blackwell, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 mo.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cause undet. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. n76X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 22 Feb, 1949, to 22 Feb, 1949, that I last saw the deceased alive on 22 Feb, 1949, and that death occurred at 224 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. M. D. DeSoto, Mo.		23b. ADDRESS		23c. DATE SIGNED 23 Feb 49.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 27/22/49		24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Blackwell Mo.	
DATE REC'D BY LOCAL REG. Feb 24, 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead		ADDRESS De Soto, Mo.	

(Licensed Embalmers' Signatures on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMBED

Health Officer No. 4

349-29

3-1-49

The Body of This Baby Was Not Embalmed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. Lee Mathershead

Signed _____
Student Embalmer

Licensed Embalmer No. 3531

P. O. Address De Soto, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.